MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
04187611.2	
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
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9		5				
10		1				
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TOTAL IND.	10	⇩		⇩		⇩
TOTAL DEP.	26	⇐		⇐		⇐
TOTAL CLAIMS	36					

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831